

KANSAS STATE BOARD OF PHARMACY
LONDON STATE OFFICE BUILDING
900 SW JACKSON, RM 560
TOPEKA, KS 66612
(785) 296-4056
FAX (785) 296-8420

FOR OFFICE USE ONLY

Reg. No. _____

Date _____

**APPLICATION FOR HEALTH DEPARTMENT OR PRIVATE NOT-FOR-PROFIT FAMILY
PLANNING CLINIC OR INDIGENT CARE CLINIC REGISTRATION**

Name of Department/Clinic

Address

City State Zip County Phone No.

Mailing Address for Renewal Information, IF DIFFERENT than the physical location.

(Check appropriate facility)

☐ Health Department ☐ Private Not-For-Profit Family Planning Clinic ☐ Indigent Care Clinic

The application is being made for the following reason: (Check all that apply)

☐ Original Registration ☐ Change of address ☐ Change of Dept/Clinic name ☐ Change of PIC

Pharmacist-In-Charge

Lic. No.

The following other registered pharmacists will be employed in said Health Department, Private Not-For Profit, or Indigent Care Clinic:

Pharmacist(s)

Total hours per week pharmacist on duty in facility: _____ (total hours)

I, _____, do solemnly (swear or affirm) that I am the pharmacist-in-charge acting on behalf of the above facility; and that such Health Department, Private Not-For-Profit Family Planning Clinic, or Indigent Care Clinic will be conducted and operated in full compliance with the Pharmacy Law and professional ethics and all other laws of Kansas so long as continued under such registration. I understand that the registration, if issued, will expire annually on the 30th day of June and such registration will be cancelled if not renewed **annually** by the 31st day of July.

Subscribed in my presence and sworn to before me this _____ day of _____, 20 ____

(Seal)

Signature of Pharmacist in Charge

Signature of Notary Republic

My commission expires: _____